

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09-646 489

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	0					
TOTAL CLAIMS	3	SEARCHED	INDEXED	FILED	MAILED	RECEIVED

SERIAL NO.	09-646 489	FILING DATE	
APPLICANT(S)			
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS		SEARCHED	INDEXED